

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050685

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 298 Primary Registration District No. 4465 Registrar's No. 123

FILED 20 64
a. COUNTY Daviess

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Gallatin

Length of stay in 1b
25 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess

c. CITY OR TOWN Gallatin Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Gallatin East Side

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Jenny Mary Henry

4. DATE OF DEATH December 31 1963
Month Day Year

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10-26-1873 90
Months Days Hours Min.

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country) Platte Co., Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Levi Hurst

13b. MOTHER'S MAIDEN NAME

Gertrude McLane

14. NAME OF HUSBAND OR WIFE

Frank A. Henry (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
[redacted]

17. INFORMANT Address
Mrs. Mary Frazier, Gallatin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Interval between onset and death 10 yrs
Senility

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1963, to Dec 31, 63 and last saw her alive on Dec 31, 63
Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Floyd E. Nelson M.D.

22b. ADDRESS

Gallatin, Mo.

22c. DATE SIGNED

1-2-64

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 1-2-1964

23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery

23d. LOCATION (City, town, or county) (State)
Gallatin, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hope Funeral Home, Gallatin, Mo.

25. DATE RECD. BY LOCAL REG.

1-7-64

26. REGISTRAR'S SIGNATURE

W. Eugene Clark

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300 Rev. 4/59

1 03/10

2 03/10

3

4 1

5 2

6 0

7 0

8 0

9 1200

10

11

12 86-2

13 1

3880800

RECEIVED

Permit Recd 1-2-64 (DE)
Permit # 202.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. Dickerson*

Licensed Embalmer No. 3302

P. O. Address Polkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.